

Claim Form¹

Landlord hereby submits to Landlord Partnership Fund LLC (“Fund LLC”) the following claim (“Claim”) for reimbursement from the Landlord Partnership Fund:

A. Background Information

*****ATTACH COPY OF LEASE*****

1. Name of Landlord: _____
2. Contact Information:
 Phone: _____
 Email: _____
3. Name of Tenant: _____
4. Date Tenant Initially Occupied Unit: _____
5. Date of Move-out: _____
6. Unit: _____
7. Property: _____
8. Security Deposit:
 Amount Deposited: _____
 Interest Earned: _____
 Amount Applied: _____
 Remaining Amount Available: _____
 [Note: Attach a ledger or similar accounting showing the amount of the Tenant’s security deposit, how the security deposit has been applied, and any remaining balance of the security deposit as of the date of the claim.]

B. Claim Information

1. Total Amount Claimed: \$_____ [Note: Total cannot exceed \$2,500 where the Tenant is participating in either Permanent Supportive Housing or Targeted Affordable Housing and the Tenant initially occupied the unit on or after July 1, 2019, or \$5,000 in all other cases]. The total amount consists of the following:
 - a. \$_____ for the physical damage to the Unit, as described in detail on Schedule A. Attach invoices, receipts, or other proof of money expended to repair the claimed physical damage. [Note: Cannot exceed \$2,500]

¹ Note: This information to be submitted by email to Fund LLC at the following address: info@dclandlordpartnershipfund.org.

b. \$ _____ for rent and other charges due under the Lease as of the date the Tenant vacated the Unit (except for rent and other charges that are due but unpaid as a result of the Tenant vacating the Unit prior to expiration of their initial Lease), itemized in detail on Schedule A. Attach a ledger or similar accounting showing all charges and payments and any remaining balance on the Tenant's rental account. **[Note: Cannot exceed \$2,500 where the Tenant is participating in either Permanent Supportive Housing or Targeted Affordable Housing and the Tenant initially occupied the unit on or after July 1, 2019, or \$5,000 in all other cases]**

2. Name/Address for Payment of Claim: _____

Landlord Certification

Landlord hereby (i) certifies that the foregoing information is correct and complete, (ii) certifies that the foregoing Claim is due in accordance with the Landlord Partnership Fund Policies and Procedures effective as of November 1, 2021 ("Policies"), (iii) agrees that the payment of such Claim shall not exceed the limitations set forth in the Policies, (iv) certifies that Landlord has submitted no other claim under the Policies with respect to the Tenant and Lease described above, and (v) agrees that such Claim, if approved by Fund LLC, will be paid solely to the extent of funds remaining the Landlord Partnership Fund maintained by Fund LLC, and that Fund LLC shall have no liability to Landlord in connection with such Claim beyond amounts available in the Landlord Partnership Fund.

Landlord declares under penalty of perjury that the foregoing is true and correct in all material respects.

Executed, this ____ day of _____, 20__.

Name: _____

Job Title: _____

Schedule A to Claim

A. Physical damage claim: Describe damage to the Unit caused by the Tenant, their household, or their guests in detail. Provide an explanation for how the damage is attributable to the Tenant and is in excess of normal wear and tear.

*** Attach invoices, receipts, or other proof of money expended to repair the claimed physical damage. Attach photographs of the claimed physical damage. ***

B. Rent claim: Describe and itemize unpaid rent and other charges.

*** Attach a ledger or similar accounting showing all charges and payments and any remaining balance on the Tenant's rental account***

C. Security Deposit

*** Attach a ledger or similar accounting showing the amount of the Tenant's security deposit, how the security deposit has been applied, and any remaining balance of the security deposit as of the date of the claim***